

**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

A Public Document

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|--|--|--|---|
| 1. Agency Name City of San Jose | | Date Stamp San Jose City Clerk 2016 NOV 10 PM 3:53 EP OTC | California Form 802 For Official Use Only |
| Division, Department, or Region (if applicable) San Jose Police Department | | | |
| Designated Agency Contact (Name, Title) Chief Edgardo Garcia, Police Chief | | | |
| Area Code/Phone Number (408)535-8100 | E-mail webmaster.manager@sanjoseca.gov | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year) | |

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 149.00
Event Description: San Jose Sharks Hockey Game Date(s) 10 / 25 / 16
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. | Name of Agency, Department or Unit | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-----------|--|------------------------------------|--|
| | | | |
| | | | |
| B. | Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
| | | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| C. | Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | Police Amateur Athletic Foundation (501(c)(3) P.O. Box 721115, San Jose, CA 95172 | 4 | Attracting and recognizing volunteer public service |

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

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|--|-------------------------------------|---|---------------------------------------|
|  Signature of Agency Head or Designee | <u>EDGARDO DUEÑAS</u> Print Name |  Title | <u>11/10/16</u> (month, day, year) |
|--|-------------------------------------|---|---------------------------------------|

Comment: _____